

The L.G. Board

ABSTRACT

LOCAL GOV'T BOARD

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FROM THE REPORT

13 OCT 1903

OF THE

Medical Officer of Health

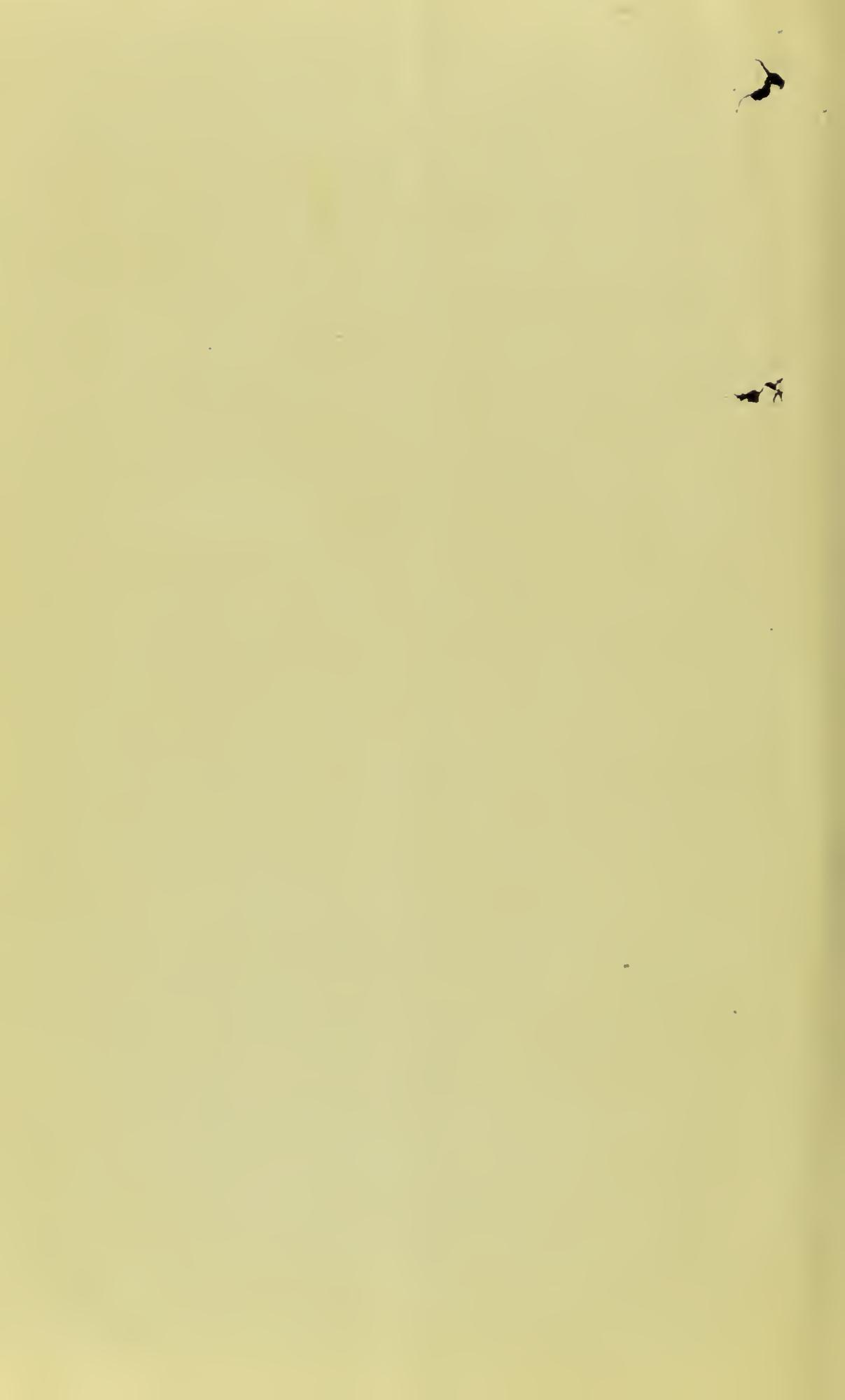
TO THE

CHELMSFORD

Rural District Council

OCT. 13th, 1903.

Printed and Circulated by Order of the Council.



ABSTRACT FROM THE REPORT

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Medical Officer of Health

TO THE

Mr. CHELMSFORD RURAL DISTRICT COUNCIL,

OCTOBER 13th, 1903.

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ISOLATION HOSPITAL ACCOMMODATION.

I have been repeatedly requested by Members of the Council to report what steps are being taken to provide hospital accommodation for the combined district of Chelmsford Urban and Rural, under the control of the Joint Hospital Board. I have not previously made any statement, but a letter received from the Clerk asking me for certain information gives me an opportunity for so doing. (Letter read.)

As I have no official connection with the Board, I can only report to them as your Medical Officer of Health, and it was in that capacity that I attended with Mr. Chancellor at the Local Government Board in July last. Before attending that Conference, I informed their Clerk in writing that I should oppose the scheme the Joint Board were submitting to the Local Government Board as being far too extravagant.

I may remind you that before the Joint Board was formed I had advised you that for an expenditure of less

than £2,000 our hospital could be made to meet all the reasonable requirements of our district for many years to come. The existing hospital had for years answered our purpose very well; but an increase in the prevalence of infectious disease, and the greater anxiety of medical men and parents to have patients removed rendered it necessary to considerably enlarge it

The Borough had purchased a piece of ground adjoining, and was seeking the sanction of the Local Government Board for permission to erect a hospital thereon. The Local Government Board refused their sanction, strongly urging a combination with the Rural District chiefly on the grounds of economy in first cost and economy in upkeep. I never expected to find their views on economy realised, but I certainly thought that by combining we could get a somewhat more efficient hospital for a given expenditure. The combination was ultimately effected.

The Joint Board declined the offer of my services as Adviser, and invited architects to send in competitive plans. I was asked to see three or four sets of the plans which had been sent in, and I agreed that one set was the best, but I considered it provided more accommodation than was necessary, and was far too costly. The estimate was, I believe, £14,000, exclusive of land, furnishing, etc. The plans were sent to the Local Government Board, and I suppose they raised some objection to them. In any case, I was requested to attend the Conference already referred to. I did so, and found that it was unnecessary to press my views upon the Board, as they at once stated that they felt they were in a very responsible position. They had suggested the combination in the belief that it would be more economical for both authorities, and now found that the plans sent in would entail a cost to the

Rural District Council of nearly £8,000, whereas I had assured them, and they apparently accepted the statement, that for £2,000 we could have obtained all we required for the Rural District. They pointed out also that the hospital, if erected, would be very expensive to maintain. I told the Board that I objected to the plans *in toto*, that I should use my influence with you to prevent their being carried out, and also that I should strongly oppose them as a ratepayer in the district. I left the meeting whilst Mr. Chancellor was discussing the matter with the architect and Medical Officer of the Board. From the above date until I received the Clerk's letter yesterday I had not heard a single word as to how matters were progressing.

I am very much afraid there is some serious misconception about the necessity for Isolation Hospital accommodation. However large a hospital is provided there will be rare occasions when it will be impossible to receive therein all the infectious cases which occur during an epidemic period. These hospitals are primarily for the reception of patients who cannot be properly isolated at home. For this purpose only a moderate number of beds is necessary. If it is contemplated that every infectious case which occurs shall be removed, then a far larger number of beds will be required, and the expense will be much greater. Whatever the expense, however, I should not protest if the advantages obtained were commensurate therewith. But what are the facts? Take first of all Scarlet Fever. Dr. Millard, of Leicester, has obtained returns from a large number of towns in England, some large, some small. In some, every notified case of Scarlet Fever is promptly removed, in others, only the more urgent cases, in others, none. The figures he adduces show:—

1. That the hospital isolation of Scarlet Fever (in towns) appears to have failed to materially reduce the prevalence of the disease.
2. That the hospital isolation of Scarlet Fever appears to have failed to materially reduce the fatality of the disease.
3. That the fatality of the disease has fallen most in those large towns which have not practised hospital isolation.

Many attempts have been made to upset his figures, but in my opinion they have all failed to materially affect his conclusions.

If they are correct, is it not a great waste of public money to attempt to isolate all the cases which occur?

Doubtless you are greatly surprised that I should quote such statements to you, and at the same time have been advising you to provide more hospital accommodation, but I do not quite carry my convictions to the logical conclusions deducible from Dr. Millard's figures. I base my advice on experience and common sense. There are constantly occurring cases of Scarlet Fever in overcrowded houses, in places where young people are employed; servants in families, and in houses where milk is sold, etc. In all these cases it is to the interest of the public as well as of the patients that the latter should be promptly removed and isolated and it is for the purpose of making provision for all such cases that I urged the necessity for a well-equipped Isolation Hospital I believe also that by such prompt removal, epidemics are from time to time prevented, but I have never asserted that such removal would always prevent epidemics or stamp out the disease entirely, as all our experience is exactly to the contrary. So much there-

fore for Scarlet Fever. What about Diphtheria? Here, unfortunately, statistics are of little use to us. This disease is not generally prevalent like Scarlet Fever. In many towns few cases ever occur, in others the disease is nearly always prevalent. Again it practically disappears for years in a given district, then becomes epidemic or endemic and runs its course in spite of all our efforts to eradicate it by removal of patients or any other means. I certainly know districts where not a single case is removed and where for years there has been no epidemic; yet in the Writtle district, where we practically removed every case, such removal appeared to have no influence in arresting the spread of infection. My experience with Diphtheria leads me to exactly the same conclusions with regard to it as I have expressed with reference to Scarlet Fever. Cases occur in certain houses which it is in the public interest to have promptly removed, and it is immaterial whether the others are removed or not.

The necessity for removal in cases of Typhoid Fever is still less urgent. This disease is not infectious in the same way as Scarlet Fever and Diphtheria. It would have been as reasonable to expect to have stamped out the recent epidemic of Diarrhoea by removing the patients to hospital as to expect to stamp out an outbreak of Typhoid Fever by such means. But the dictates of humanity require us to remove all cases which occur in the houses of the poor, as skilled nursing is required, and such nursing cannot be done in a cottage save in very exceptional cases.

If all these facts are borne in mind I think you will agree with me that all the hospital accommodation really necessary for the combined district can be obtained for a few thousand pounds, possibly for less than half the cost contemplated by the Joint Board.

The provision of hospitals is only one aid to the prevention of epidemic disease. There are other and far more powerful factors, some under your control, others beyond it.

Two of the most important are the prevention of overcrowding, and the maintaining of all property in a good sanitary condition. These are in a great measure under your control, but the most important factor is one which you can very imperfectly control, one which is almost entirely in the hands of the working classes themselves, and it is for this class almost exclusively that hospitals are required. The most important factor in the causation of most infectious diseases and in influencing their spread is uncleanliness. So long as people are content to live in dirty houses, with dirty surroundings, wear dirty clothes, and have dirty bodies, so long will infectious disease prevail. When people realise the importance of keeping not only their hands and faces but their whole bodies clean, of keeping everything they wear especially underclothing clean, of keeping their cottages and yards sweet and free from all accumulations of dirt and filth, when they recognise the importance of an abundant supply of fresh pure air both by day and night, and the danger of sleeping in overcrowded bedrooms with the windows closed and the fire grate blocked, breathing over and over again the noxious emanations from their own bodies, when they realise the importance of these things and act accordingly, then and not till then shall we see a marked decrease in the prevalence of infectious disease.

JOHN C. THRESH.